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Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Internal Claims and Appeals and External Review Processes Under the Patient Protection and Affordable Care Act

Comment On: EBSA-2010-0019-0002

Group Health Plans and Health Insurance Issuers: Internal Claims and Appeals and External

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General Comment

The Legal Aid Society of Cleveland serves 5 counties in Northeast Ohio. We represent LEP individuals and are involved in county and statewide language access advocacy.

The 10% standard for translation and oral interpretation is too high. None of the counties we serve would meet it. Census Bureau estimates show that our most populous county, Cuyahoga County, has 133,573 residents or 11% of the total population who speak a language other than English at home. There are 54,431 more in our other 4 counties. Many speak English "less than well."

The 10% standard would adversely affect the health of more than 185,000 Northeast Ohio residents. A more appropriate standard would be 5% of the plan's population or 500 persons in plan's service area for large group plans and 25% of population for small plans. The 5% standard is well-established in civil rights law and should be adopted in this arena for large group plans.

In our representation of clients, we have noticed that when LEP individuals do not have access to written vital documents in a language they understand they are not aware of appeal rights or

deadlines and do not know how to appeal or what documentation is required. Even where individuals with LEP receive this information in their language via oral interpretation they are still at a disadvantage because without a written translation, they are unable to revisit key information.

Oral interpretation should be provided in all languages at all times. With the advent of telephonic interpreting and online interpreting on the horizon, providing oral interpretation in all languages at all times would not be cost prohibitive.

Without meaningful language access, those with LEP will be prevented from equal access to healthcare, especially preventive care. Decreased use of preventive care leads to use of the emergency room as primary care, increasing cost for everyone in the long run.

Thank you for this opportunity to comment.